

## **Nevada Problem Gambling Treatment System Program Performance Measures**

1. **Access:** The amount of time between a problem gambling affected individual's request for outpatient services and the first offered service appointment must be five business days or less for at least 90% of all individuals receiving services funded through this Agreement.
2. **Retention:** The percent of problem gambling affected individuals receiving services funded through this Agreement who actively engage in problem gambling treatment for at least 10 clinical contact sessions must not be less than 40%.
3. **Successful Completion:** The percent of all individuals receiving services funded through this Agreement who successfully complete treatment must not be less than 35%. A successful problem gambling treatment completion is defined as the individual's: (a) achievement of at least 75% of short-term treatment goals, (b) completion of a continued wellness plan (i.e., relapse prevention plan), and (c) lack of engagement in problem gambling behaviors for at least 30 days prior to discharge from services.
4. **Client Satisfaction:** The percent of problem gambling affected individuals receiving services funded through this Agreement who complete a problem gambling client satisfaction survey would positively recommend the Provider to others must not be less than 85%.
5. **Long-term Outcome:** The percent of problem gambling affected individuals receiving services funded through this Agreement who successfully complete treatment whose responses to a problem gambling follow-up survey suggest maintained improvement at one year after treatment entry must not be less than 50%.
6. **Consent for Follow-Up Evaluation:** percentage of clients at clinic consenting for follow-up evaluation should be no less than 80% of the average percentage of clients consenting system-wide.
7. **Case Cost:** The average outpatient treatment cost per case no more than 120% of the average cost per case across all DHHS funded outpatient gambling treatment grantees.
8. **Service Cost Share:** The percentage of total reported services not claimed for DHHS reimbursement should be no less than 75% of the average percentage of total reported services not claimed for DHHS reimbursement across all DHHS treatment grantees.
9. **Global Performance Rating:**  $(p1+p2+p3+p4+p5+p6+p7+p8)/8$  where each performance measure is assigned a score of 1 if the clinic meets the standard, or 0 when the standard is not met. When long term data is not available, use  $(p1+p2+p3+p4+p6+p7+p8)/7$ .